



EMPLOYMENT ASSISTANCE PROGRAM

Eligibility for Employment Assistance Program:

1. Must be an enrolled tribal member.
2. Assistance payment shall not exceed \$1500.00 for the calendar year (Jan –Dec).
3. Applicant must be in good standing with the Tribe.

Employment Assistance: To provide financial assistance to our tribal members in order to retain their permanent employment.

Scope of Assistance:

Vehicle purchase, vehicle repairs, DMV fees, etc.

Transportation Assistance -Gas Card yearly max amount \$300.00

Work Clothing, Shoes/Boots, Uniforms, etc. – yearly max amount \$500.00 (must turn in receipts)

Equipment/tools needed for work

And Any other employment related requests approved by the Program Manager.

Documentation:

You will need to provide current paystubs for the past thirty (30) days and for all requested items, we need quotes attached in order to make payment. If the documentation is not attached, we will not be able to process your assistance.

Also, please complete vendor form with Name, Address and amount owed to each vendor.



ENTERPRISE RANCHERIA
2133 Monte Vista Ave.
Oroville, CA 95966
Phone: (530) 532-9214 Fax: (530) 871-6655

Employment Assistance Program

NAME: _____ DOB. _____

MAILING ADDRESS: _____

PHONE #: _____

OTHER HOUSEHOLD MEMBERS:

| | NAME | DATE OF BIRTH |
|----|-------------|----------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

Please explain what you are requesting (Gas, Clothing, etc.):

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Please state vendor information below:

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

Vendor Name: _____

Vendor Address: _____

Vendor City, State & Zip: _____

Amount Due: _____

For office use only: Approved _____ Denied _____

Program Manager: _____ Date: _____

Tribal Administrator: _____ Date: _____